



ARIZONA SMOKERS' HELPLINE
TOBACCO EDUCATION AND PREVENTION PROGRAM
PROACTIVE REFERRAL FAX

TODAY'S DATE: ____/____/____

FAX TO:

Arizona Smokers' Helpline
1-877-908-8181

Toll-free fax number

Visit www.azdhs.gov/phs/tepp/hcp.htm for supplies

FROM: (Stamp or write in your contact information here)

Referring Clinician: _____

Attending Physician: _____

Clinic Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Client Consent and Personal Information Section:

☐ I understand that the Arizona Smokers' Helpline will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give the Helpline and the referring agency or physician permission to discuss my use of service.

Patient's Name (please print)

Patient or Guardian's Signature

☐ Verbal consent received

____/____/____ Patient Date of Birth

Person obtaining verbal consent (sign and print)

Best time to call patient:

☐ 8am to 12pm ☐ 12pm to 5pm

☐ 5pm to 8:30pm ☐ Specific: _____

☐ Spanish Speaker ☐ English Speaker

Patient's Address

(____) _____

Phone: ☐ home ☐ work ☐ other

Intra-Agency Section:

If your agency is receiving a proactive referral, please track the client contact information below, and fax this form back to the agency that sent you this fax: _____ (referring agency's fax number)

Attempt	Date	Time	Result: indicate if service choice is to <input type="checkbox"/> Helpline or <input type="checkbox"/> Group services
1			<input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached
2			<input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached
3			<input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached

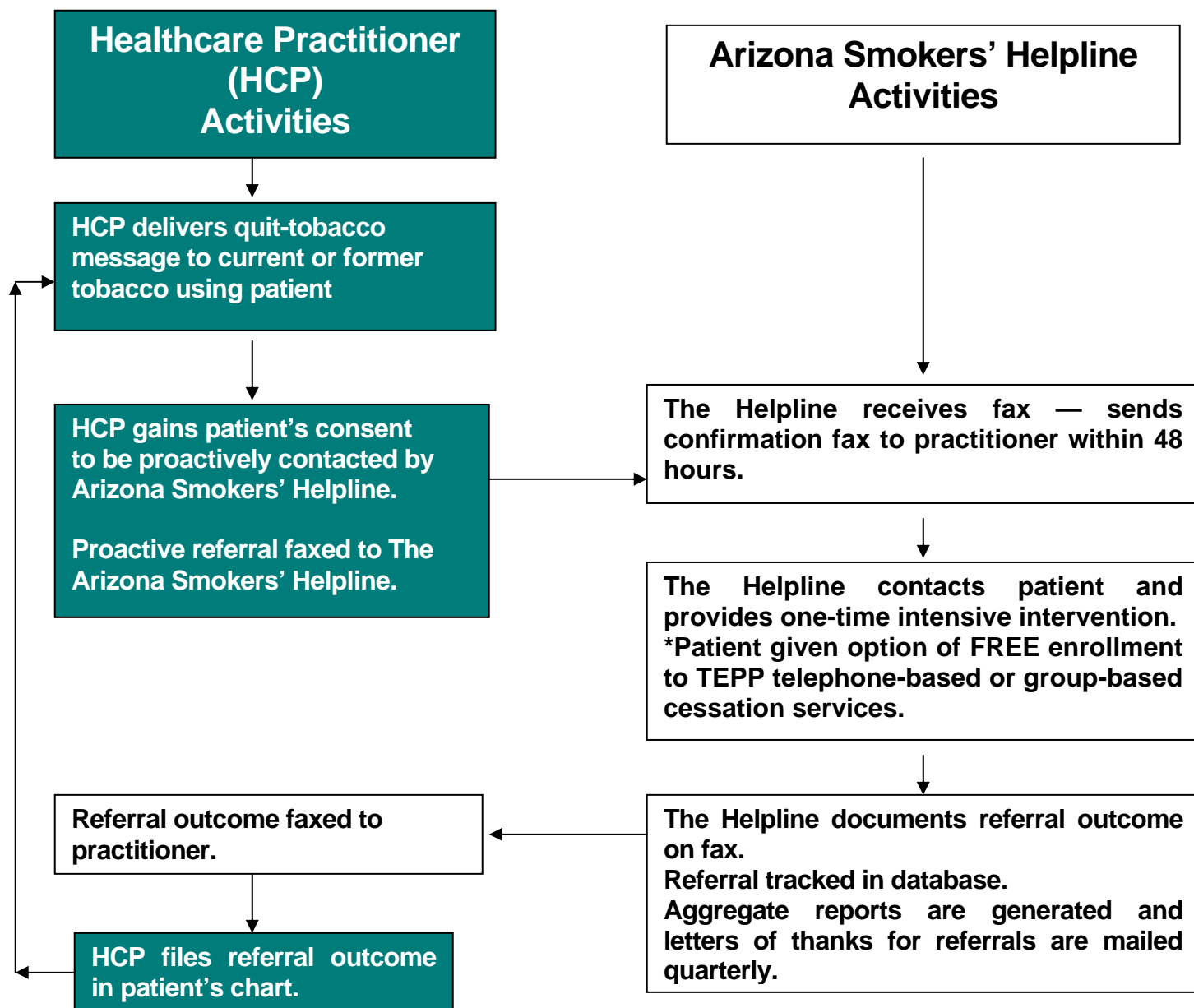
Class Date ____/____/____ Facilitator Name: _____ Comments: _____



ARIZONA SMOKERS' HELPLINE

TOBACCO EDUCATION AND PREVENTION PROGRAM (TEPP)

PROACTIVE REFERRAL FLOWCHART FOR PHYSICIANS



*** Patients will receive at a minimum, a one-time intensive intervention tailored to your patient's readiness to quit. Further, your patient will be given the option of enrolling in free, intensive, multiple session quit-tobacco classes or enrollment in free, intensive, multiple session telephone-based counseling. Service enrollment is based upon patient choice.**